

CLAIMS ONLY							Application Number		Filing Date		
							Applicant(s)		09926466		
							* May be used for additional claims or amendments				
CLAIMS	AS FILED		AFTER FIRST AMENDMENT		AFTER SECOND AMENDMENT						
	Indep	Depend	Indep	Depend	Indep	Depend	Indep	Depend	Indep	Depend	
1					1		51				
2						1	52				
3							53				
4						1	54				
5							55				
6						1	56				
7						1	57				
8						1	58				
9						3	59				
10						1	60				
11					1		61				
12						1	62				
13						3	63				
14						3	64				
15						3	65				
16						3	66				
17						3	67				
18						3	68				
19							69				
20						1	70				
21						1	71				
22					1		72				
23					1		73				
24						3	74				
25							75				
26							76				
27							77				
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40							90				
41							91				
42							92				
43							93				
44							94				
45							95				
46							96				
47							97				
48							98				
49							99				
50							100				
Total Indep					4		Total Indep				
Total Depend					35		Total Depend				
Total Claims					39		Total Claims				